



Gaming Employee Renewal

MGCB - 1401

Maine Gambling Control Board

**Department of Public Safety
Gambling Control Unit
Central Maine Commerce Center
87 State House Station
45 Commerce Drive, Suite 3
Augusta, Maine 04333-0087
(207) 626-3900 - Office
(207) 287-4356 - Fax**

Revised 4/22/2021

Information that is confidential pursuant to 8 MRSA §1006(1)(A)-(G), is not subject to release unless it is publicly available. However, information afforded confidentiality pursuant to 8 MRSA §1006(1)(H) is not subject to release by the Gambling Control Board or staff, even if publicly available through other sources.

Other areas may be confidential if protected by applicable state or federal law. The individual completing this personal history disclosure renewal form shall disclose this information with this form if known.

Please include all information requested in the renewal form, sign and return it to the Gambling Control Unit of the Department of Public Safety.

This application must be completed and submitted no less than 6 months prior to the expiration of your current license.

The applicant must initial and date each page at the bottom verifying that the information is true to the best of their knowledge as of that date.

If your license has expired. DO NOT USE THIS FORM.

For an expired license, please complete a new license application. Of which can be found on the Gambling Control Board website at www.maine.gov/dps/GambBoard/formsandapplications.

MAINE GAMBLING CONTROL BOARD

Request To Release Information

Applicant's printed name: _____

To all courts, probation departments, employers, educational institutions, banks, financial and other such institutions, and all government agencies-federal, state, and local, foreign and domestic, civilian and military.

I have authorized the Maine Gambling Control Board, their designees, and the Maine State Police to conduct a full investigation into my background and activities.

Therefore you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Maine Gambling Control Board, or Maine State Police, provided that he or she certifies to you that I have an Personal History Disclosure Renewal Form pending before the Maine Gambling Control Board or that I am presently an applicant, licensee, or other person required to be qualified under the provisions of 8 M.R.S.A. Chapter 31.

I hereby release any and all entities from responsibility regarding the information they release to the Gambling Control Board. I hereby authorize the Gambling Control Board and their designees to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgment of the Board, has a legitimate interest in such information.

If I am an applicant or licensee, I waive liability as to the State, its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner other than a willful unlawful disclosure or publication of any material or information acquired during inquiries, investigations or hearings.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photocopy of this authorization will be considered as effective and valid as the original.

PRINTED FULL LEGAL NAME (FIRST, MIDDLE, LAST)
SIGNATURE

State of _____) County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, 20____.

My commission expires: _____
Signature (Notary Public)

MAINE GAMBLING CONTROL BOARD

Affirmation & Consent

Applicant's Name

I, _____, state the following:

- A. That the statements made in the Personal History Disclosure Renewal Form and any documents made a part of the Personal History Disclosure Renewal Form are true and correct;
- B. That I understand that the information provided on this personal History Disclosure Renewal Form required by the Board is used by the Board, along with other information, in judging my suitability and that this information may be cause for refusal to issue a license; and
- C. That I understand that knowingly making a false statement in the form or in a document made a part of the form might provide grounds for refusal to issue a Maine Gambling Control Board license or other disciplinary action, up to and including full revocation or suspension of a Board license.

I understand that I may be subject to criminal prosecution for making false statements on my application, based on the following:

- A. Making a false statement under oath or affirmation constitutes false swearing in violation of 17-A M.R.S.A. § 452 (Class D) provided that I do not believe the statement to be true and that I make the statement with the intent to mislead a public servant performing his/her official duties.
- B. Making a false written statement that I do not believe to be true on my application constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).
- C. Making a false written statement that I do not believe to be true with the intent to deceive a public servant in the performance of his/her official duties constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).

I understand that the information provided in this form along with other information will be used by the Board to judge my suitability and that this information may be cause for the refusal to issue a Maine Gambling Control Board license.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release at _____,

City/Town

_____, on the _____ day of _____, 20____.

State

Applicant's Signature

State of _____)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, 20____.

My commission expires: _____
Signature (Notary Public)

**PLEASE PRINT OR TYPE THE ANSWERS TO THE
FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

1. Employee Name: _____

2. Employer: _____

3. Current Position: _____

4. Maine License # _____ **5. License Expiration:** _____

6. Date of Birth: _____

7. Social Security # : _____ - _____ - _____ The following statement is made pursuant to the Privacy Act of 1974, § 7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA § 175 as authorized by the Tax Reform Act of 1976, 46 USC § 405(c)(2)(C)(i), and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A MRSA §§ 2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA § 191 and confidential support enforcement information pursuant to 19-A MRSA § 2152.

8. Daytime Telephone #: _____

9. Email Address: _____

10. Since your last application for a Maine Gambling Control Board license, the employee certifies, by checking the boxes corresponding to subparts (a)&(b), that:

- | | | |
|--|------------------------------|-----------------------------|
| (a): There have been no changes to your address | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b): There have been no changes to your name or marital status | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges, or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions, which follow.

DEFINITIONS: For purposes of this personal history disclosure and application:

- A. "Arrest" signifies the apprehension or detention of a person in order that he may be forthcoming to answer for an alleged crime.
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" for the purpose of this application, includes all crimes, felonies, misdemeanors, driving while intoxicated/impaired motor vehicle offenses and violations of probation, civil contempt, or any other court order.
- D. "Convictions" include a finding of guilt (1) after trial by a jury or judge, (2) following a plea of guilty, or (3) following a plea of nolo contendere.

INSTRUCTIONS: Answer “YES” and provide all information to the best of your ability. If additional space is needed to answer a particular question, please attach a separate sheet and label what question to which it pertains. EVEN IF:

- A. You did not commit the offense charged;
- B. The charges were dismissed or subsequently downgraded to a lesser charge;
- C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
- D. You were not convicted;
- E. You did not serve any time in prison or jail; or
- F. The charges or offenses happened a long time ago.

Answer “NO”, IF any records relating to a charge, arrest or conviction have been expunged or otherwise officially sealed by a court or government agency, or if you have been granted a full and free pardon.

****The Maine State Police assigned to the Gambling Control Unit will make inquiries to establish whether the applicant has had involvement with any law enforcement agency. Failure to disclose any such involvement will be taken into account in assessing your character, honesty, and integrity.**

- A.** Have you been arrested, summonsed, charged or indicted for any criminal offense? You must answer “Yes” to this question if a criminal charge was initiated against you, even if the charge was subsequently reduced, amended or dismissed.

☐ Yes ☐ No

If yes, complete the following:

1. Date or charge of offense: _____
2. Nature of charge or offense and location of where incident occurred: _____

3. Name and address of law enforcement agency or court: _____

4. Disposition and sentence: _____

- B.** Have you ever been convicted of a criminal offense? You must answer “Yes” to this question if you plead guilty, plead nolo contendere, or were found guilty after trial held before a judge or jury.

☐ Yes ☐ No

If yes, complete the following:

1. Date: _____
2. Name and address of governmental agency: _____
3. Nature of Proceedings: _____

- C.** To the best of your knowledge, have you ever been the subject of a criminal, civil or administrative investigation? Such an investigation may have been conducted by a law enforcement agency (local, county, provincial, state, federal, etc. a governmental agency/organization, a court, a commission, a committee or a grand jury.

☐ Yes ☐ No

If yes, complete the following:

1. Investigation period: _____
2. Name and address of court or other agency: _____
3. Nature of proceedings or investigation: _____
4. Dates of testimony if given: _____

- D.** Have you received a reduction of charges, reduced sentence, or pardon for testimony provided before a federal, national, state, county grand jury, or other criminal investigatory body, to include any civil or administrative proceeding or hearing?

☐ Yes ☐ No

If yes, complete the following:

1. Date of action: _____
2. Name and address of Governmental agency/organization granting pardon, dismissal or deferral:

3. Type of action taken: _____

- E.** Have you been adjudicated of committing a civil violation or convicted of a criminal violation involving dishonesty, deception, misappropriation, or fraud?

☐ Yes ☐ No

If yes, please explain:

- 11.** Have you been engaged in conduct in the State of Maine or in any other jurisdiction that would constitute a violation of Title 8, Chapter 31 [Gambling Control Board]; Title 8, Chapter 11 [Harness Racing] involving gambling; Title 17, Chapter 13-A [Beano or Bingo]; Title 17, Chapter 14 [Games of Chance]; Title 17-A, chapter 39 [Unlawful Gambling]; or substantially similar offenses in other jurisdictions?

☐ Yes ☐ No

If yes, please explain:

12. Are you a fugitive from justice?

"Fugitive from justice" means: (15 M.R.S.A. § 201 (4))

a. Any person accused of a crime in the demanding state that is not in that state, unless he is lawfully absent pursuant to the terms of his bail or other release. This definition shall include both a person who was present in the demanding state at the time of the commission of the alleged crime and thereafter left the demanding state and a person who committed an act in this State or in a 3rd state or elsewhere resulting in or constituting a crime in the demanding state; or [1977, c. 671, § 3 (new) .]

b. Any person convicted of a crime in the demanding state that is not in that state, unless he is lawfully absent pursuant to the terms of his bail or other release, who has not served or completed a sentence imposed pursuant to the conviction. This definition shall include, but not be limited to, a person who has been released pending appeal or other review of the conviction, the review having been completed; a person who has been serving a sentence in this State; a person who has escaped from confinement in the demanding state; or a person who has broken the terms of his bail, probation or parole. [1981, c. 317, § 1 (amd).]

☐ Yes ☐ No

If yes, please explain:

13. Are you a drug abuser, addict or drug dependent person (5 M.R.S.A. § 20003 (10), (11), (12))?

☐ Yes ☐ No

If yes, please explain:

14. Are you an illegal alien?

☐ Yes ☐ No

If yes, please explain:

15. Are you current in filing all applicable tax returns and in the payment of all taxes, penalties and interest owed to this State, any other state or the Internal Revenue Service, excluding items under formal appeal?
***Remember to include the preceding year's complete tax returns with this application.**

☐ Yes ☐ No

If no, please explain:

16. Have you intentionally, knowingly or recklessly caused bodily injury or offensive physical contact to a spouse, former spouse, an individual presently or formally living as a spouse or sexual partner, natural parents of the same child, adult household member related by consanguinity or affinity or minor child of any household member?

☐ Yes ☐ No

If yes, please explain:

17. Have you ever been served with a protection from abuse order (PFA) or a protection from harassment order (PFH)?

☐ Yes ☐ No

18. Has any action been taken against your license in this or any other jurisdiction?

☐ Yes ☐ No

If yes, please explain:

ATTACH EXTRA SHEETS, IF NEEDED, IN ANY EXPLANATION AND NUMBER OR LETTER ACCORDINGLY.